EVALUATION OF CLINICAL PERFORMANCE TOOL
Advanced Medical Surgical Nursing- 2025

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Davondre Harper

Final Grade: Satisfactory

Semester: Spring

Date of Completion: 4/21/2025

Faculty: Frances Brennan, MSN, RN; Amy M. Rockwell, MSN, RN
Chandra Barnes, MSN, RN; Brian Seitz, MSN, RN, CNE
Brittany Lombardi, MSN, RN, CNE

Faculty eSignature: Amy M. Rockwell, MSN, RN

DIRECTIONS FOR USE:
Each week the students evaluate themselves based on the competencies using the performance code on page 2. The performance code includes the terms **Satisfactory (S), Needs Improvement (NI), Unsatisfactory (U), and Not Available (NA).** The faculty member will initial if in agreement with the student's evaluation. If there is a discrepancy in the performance code evaluation between the student and the faculty member, a note is written in the comment section by the faculty member with the rationale for the evaluation. All competencies must be rated a "S, NI, U, or NA". If the student does not self-rate, then it is an automatic "U". A student who submits the clinical evaluation tool late will be rated as "U" in the appropriate competency(s) for that clinical week. Whenever a student receives a "U" in a competency, it must be addressed with a comment as to why it is no longer a "U" the following week. If the student does not state why the "U" is corrected, it will be another "U" until the student addresses it. All clinical competencies are critical to meeting the objectives of the course. **An unsatisfactory or needs improvement as a final evaluation in any single competency results in a clinical course grade of unsatisfactory; this is a failure of the course. Patterns of performance over the course of the semester will be utilized to determine the final competency evaluations. The terms Satisfactory and Unsatisfactory will be used in evaluating the final grade or clinical course performance.**

METHODS OF EVALUATION:
Clinical Assignments
Completion of Patient Care
Meditech Documentation
Observation of Clinical Performance
Evaluation of Clinical Performance Tool
Onsite Clinical Debriefing
Clinical Discussion Rubric
Preceptor Feedback
Nursing Care Map Rubric
Skills Lab Checklists/Competency Tool
Lasater Clinical Judgment Rubric
Virtual Simulation scenarios
Pathophysiology Grading Rubric
SBAR/Physician Orders Rubric
Hand-Off Report Competency Rubric

ABSENCE (Refer to Attendance Policy)

Date	Number of Hours	Comments	Make Up (Date/Time)
4/4/2025	1H	Quality Scavenger Hunt survey not completed	4/14/2025 1H

Initials	Faculty Name
CB	Chandra Barnes, MSN, RN
FB	Fran Brennan, MSN, RN
BL	Brittany Lombardi, MSN, RN, CNE
AR	Amy Rockwell, MSN, RN
BS	Brian Seitz, MSN, RN, CNE

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

Satisfactory (S): Safe; accurate each time, efficient, coordinated; confident, focuses on the patient; some expenditure of excess energy; within a reasonable time period; appropriate affective behavior; occasional supporting cues; minimal faculty feedback needed related to written clinical work.

UNSATISFACTORY CLINICAL PERFORMANCE

Needs Improvement (NI): Safe, accurate each time, skillful in parts of behavior, focuses more on the skill and self rather than the patient, inefficient, uncoordinated, anxious, worried, and flustered at times, expends excess energy within a delayed time period, frequent verbal and occasional physical directive cues in addition to supportive cues, faculty feedback required in several areas of clinical written work.

Unsatisfactory (U): Failure to achieve the course competency, safe but needs faculty reminders constantly, not always accurate, unskilled, inefficient, considerable expenditure of excess energy, anxious, disruptive or omitting behaviors, focus on skills and/or self, continuous verbal and frequent physical cues, unsafe, performs at risk to patient/clients/others, unable to function, incomplete, erroneous, faulty, illegible clinical written work, no feedback sought from faculty or response to feedback not evident in submitted written work. If the student does not self-rate a competency the competency is graded "U." A "U" in a competency must be addressed in writing by the student in the Evaluation of Clinical Performance tool. The student response must include how the competency has been or will be met at a satisfactory level. If the student does not address the "U", the faculty member (s) will continue to rate the competency unsatisfactory.

OTHER

Not Available (NA): The clinical experience which would meet the competency was not available.

Grey shaded weekly competency boxes do not need a student evaluation rating or faculty/teaching assistant initials.

Objective

1. Engage in the coordination and delivery of nursing care measures to groups of patients and to patients with complex problems. (1,3,4,5,7,8)*

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies: a. Manage complex patient care situations with evidence of preparation and organization. **(Responding)**	s	s	s	na	s	s	NA	NA	S	s	s	s	na	na	na	na	na	S
b. Assess comprehensively as indicated by patient needs and circumstances**. (Noticing)**	s	s	s	na	s	s	NA	NA	S	s	s	s	s	na	na	na	na	S
c. Evaluate patient's response to nursing interventions. **(Reflecting)**	s	s	s	na	s	s	NA	NA	S	s	s	s	s	na	na	na	na	S
d. Interpret cardiac rhythm; determine rate and measurements. **(Interpreting)**	s	s	s	na	s	s	NA	NA	S	s	s	s	na	~~Na~~ S	na	na	na	S
e. Administer medications observing the seven rights of medication administration. **(Responding)**	s	s	s	na	s	s	NA	NA	S	s	s	s	~~Na~~ S	na	na	na	na	S
f. Perform venipuncture skill with beginning dexterity and evidence of preparation. **(Responding)**	~~s~~ na	na	~~Na~~ S	na	na	s	NA	NA	S	na	s	s	s	na	na	na	na	S
g. Respond appropriately to equipment alarms; IV pumps, ECG monitors, ventilators, etc. **(Responding)**	s	s	s	na	s	s	NA	NA	S	s	s	s	na	na	na	na	na	S
Faculty Initials	CB	CB	BS	AR	AR	AR	AR	AR	AR	FB	FB	FB	AR	AR	AR	AR	AR	AR
Clinical Location	4P	4P	4C	QA CM	CD IC	SP				4N	3T	4P	DH PA/D	NA	na	na	na	

Comments:

Week 2(1a,b,d,e): Great job this week managing complex patient situations while on 4P. You were able to perform thorough assessments, implement interventions, and evaluate your patient's response to those interventions. You were able to administer medications using the six rights of medication administration and utilized the BMV system. CB

Week 3(1a,e): Great job this week managing complex care situations. You did a great job being prepared for clinical, and ensuring that your assessments were detailed and thorough. You did a great job administering medications to your patient this week (IV, PO, SubQ), following the six rights of medication administration. Great job! CB

*End-of- Program Student Learning Outcomes

Week 4- 1a/b- Nice job assessing and providing care to your mechanically ventilated patient this week. You were also able to observe his extubation and care for him following it. 1d- We discussed atrial fibrillation, PVCs, and paced rhythms. 1e- You did a good job administering medications through various routes (OG, IV, IVP, SQ) while observing the rights of medication administration, and (1f) you also started an IV on a patient and discontinued a central line. Nice work! BS

Week 6 (1b)- Satisfactory during Cardiac Diagnostics clinical and with discussion via CDG posting. Preceptor comments: "Excellent in all areas.". (1c)- Satisfactory during Infusion Center clinical and with discussion via CDG posting. Preceptor comments: "Satisfactory in all areas. Student nurse demonstrated good communication skills and lab/nursing skills with patients. Student was willing to learn and took initiative." Great job! AR

Week 7 (1b,c)- Satisfactory during your Special Procedures clinical and with discussion via CDG posting. Preceptor comments: "Satisfactory in all areas. Several IV starts, observed paracentesis, chest drain placement, and many questions." Great job. AR

Week 9 (1a,b)- Great job managing patient care and prioritizing care based on comprehensive assessment. FB

Week 10 (1a,b,c)- Satisfactory with managing patients during your patient management clinical experiences this week! Try to manage at least three during your next clinical experience. Great job! FB

Week 11 (1c)- Great job evaluating the plan of care and patient needs to determine the order of care for several patients during this clinical rotation. FB

Week 12 (1c)- Satisfactory during Patient Advocate/Discharge Planner clinical and with discussion via CDG posting. Preceptor comments: "Excellent in all areas." (1f)- Great job with several successful IV attempts, appropriate technique was demonstrated. FB

Week 13 (1d)- Overall excellent job on your ECG Practice Booklet assignment! Keep practicing as you begin your career as a RN. AR
Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Objective

2. Formulate nursing care plans, correlations, or clinical reports that demonstrate patient-centered care of diverse populations, evidence-based practice, and clinical judgment. (1,2,3,4,5,8)*

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies: a. Correlate relationships among disease process, patient's history, patient symptoms, and present condition utilizing clinical judgment skills. **(Noticing, Interpreting, Responding)**	s	s	s	na	s	s	NA	NA	**S**	s	s	s	na	na	na	na	na	**S**
b. Monitor for potential risks and anticipate possible early complications. **(Noticing, Interpreting, Responding)**	s	s	s	na	s	s	NA	NA	**S**	s	s	s	s	na	na	na	na	**S**
c. Recognize changes in patient status and take appropriate action. **(Noticing, Interpreting, Responding)**	s	s	s	na	s	s	NA	NA	**S**	s	s	s	na	na	na	na	na	**S**
d. Formulate a prioritized nursing plan of care utilizing clinical judgment skills. **(Noticing, Interpreting, Responding, Reflecting)** *	~~s~~ NI	s	s	na	s	s	NA	NA	**S**	s	s	s	na	na	na	na	na	**S**
e. Respect patient and family perspectives, values, and diversity when planning, giving, and adapting care. **(Responding)**	s	s	s	na	s	s	NA	NA	**S**	s	s	s	s	na	na	na	na	**S**
Faculty Initials	**CB**	**CB**	**BS**	**AR**	**AR**	**AR**	**AR**	**AR**	**AR**	**FB**	**FB**	**FB**	**AR**	**AR**	AR	AR	AR	AR

***When completing the 4T Care Map CDG refer to the Care Map Rubric**

Comments:

Week 2(2a,b,d,e): Great job this week formulating a care map related to your patient. You scored 38/45 points, but did not include an in-text citation so therefore you were rated a "Needs Improvement", please see the grading rubric below. You were able to notice abnormal assessment findings to interpret your patient's priority problem, and recognize potential complications related to that problem. You did a great job participating in debriefing about cultural diversity and racial inequalities that were related to your patient. CB

Week 3(2e): Davondre, you do a great job respecting your patient and family's needs, ensuring that optimal care is provided around their needs. CB

*End-of- Program Student Learning Outcomes

Week 4- 2a- You did a nice job correlating the relationships among your patient's disease process, past medical history, symptoms, and present condition utilizing your clinical judgment skills, and then using that information to satisfactorily complete your pathophysiology CDG this week. 2b,c,d- Nice job during debriefing also, where you provided two priority nursing diagnoses for your patient, discussed how you monitored for potential risks and anticipated possible complications, and discussed recognizing changes in patient status and how you responded. BS

Week 9 (2a,b)- Great use of clinical judgement skills to determine patient needs, plan care for patients, and implement appropriate nursing interventions. FB

Week 10 (2a,b,d)- Great job with correlation of patient condition, pathophysiology of disease process, and monitoring of any possible complications. Based off assessments you were able to implement the plan of care for several patients. FB

Week 11 (2a,b)- Good use of clinical judgement as you correlate the relationship between patient's disease process, current symptoms, and present condition. You are also assessing for potential risks and anticipating possible complications as you prioritize care for your assigned patients. Keep up the good work! FB

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Objective

3. Plan leadership experiences with a mentor to impact team performance, patient safety, and quality indicators. (1,3,5,7,8)*

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies: a. Critique communication barriers among team members. **(Interpreting)**	~~na~~ s	s	s	na	s	s	NA	NA	**S**	s	s	s	na	na	na	na	na	**S**
b. Participate in QI, core measures, monitoring standards and documentation. **(Interpreting & Responding)**	~~na~~ s	s	s	s	s	s	NA	NA	**S**	s	s	s	~~Na~~ S	na	na	na	na	**S**
c. Discuss strategies to achieve fiscal responsibility in clinical practice. **(Responding)**	~~na~~ s	s	s	na	s	s	NA	NA	**S**	s	s	s	~~Na~~ S	na	na	na	na	**S**
d. Clarify roles & accountability of team members related to delegation. **(Noticing)**	~~na~~ s	s	s	na	s	~~S~~ AR	NA	NA	**S**	s	s	s	na	na	na	na	na	**S**
e. Determine the priority patient from assigned patient population. **(Interpreting)** (**Patient Mgmt.**)	na	na	na	na	~~S~~ NA	na	NA	NA	**NA**	s	s	s	na	na	na	na	na	**S**
Faculty Initials	**CB**	**CB**	**BS**	**AR**	**AR**	**AR**	**AR**	**AR**	**AR**	**FB**	**FB**	**FB**	**AR**	**AR**	AR	AR	AR	AR

Comments:

Week 2(3c): Great job this week actively participating in debriefing, discussing different strategies to achieve fiscal responsibility in the clinical setting. Although, we did not discuss competency 3a, 3b, and 3d in debriefing, this is something that you continuously do while in the clinical setting. CB

Week 3(3a): Great job in debriefing this week discussing communication barriers you witnessed between healthcare team members while at clinical. CB

Week 4- 3b- Good job during debriefing discussing quality improvement, core measures, and the importance of documentation. BS

Week 5 (3b)- Satisfactory during Quality Assurance/Core Measures observation and with discussion via CDG posting. Keep up the great work. AR

Week 6 (3c)- Satisfactory discussion via CDG posting related to your Infusion Center clinical experience. Keep it up. AR

Week 9 (3d)- Great discussion, noticing accountability of delegation and the clarification of roles. (3e) You also did a great job interpreting facts to determine the need for prioritization of assigned patient during this clinical rotation. FB

Week 10 (3e) Great job with prioritizing the delivery of care to your assigned patients during the clinical experiences this week. FB

Week 11 (3d,e)- You have demonstrated the process of delegation, responsibility, and accountability of the interdisciplinary team members. Great job determining priority care of assigned patients. Keep up the great work! FB

*End-of- Program Student Learning Outcomes

Week 12 (3b,c)- Satisfactory during Quality Scavenger Hunt clinical, with documentation, and discussion via CDG posting. Great job! AR

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Objective

4. 4. Plan for a future in the nursing profession by analyzing information concerning employment, licensure, ethical, and legal issues in nursing focusing on accountability and respecting patient autonomy. (1,2,4,5,7)*

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies: a. Critique examples of legal or ethical issues observed in the clinical setting. **(Interpreting)**	s	s	s	na	s	s	NA	NA	**S**	s	s	s	s	na	na	na	na	**S**
b. Engage with patients and families to make autonomous decisions regarding healthcare. **(Responding)**	s	s	s	na	s	s	NA	NA	**S**	s	s	s	s	na	na	na	na	**S**
c. Exhibit professional behavior in appearance, responsibility, integrity and respect. **(Responding)**	s	s	s	s	s	s	NA	NA	**S**	s	s	s	s	na	~~Na~~ U	na	na	**S**
Faculty Initials	**CB**	**CB**	**BS**	**AR**	**AR**	**AR**	**AR**	**AR**	**AR**	**FB**	**FB**	**FB**	**AR**	**AR**	AR	AR	AR	AR

Objective 4a: Provide a comment for the highlighted competency each week. If no clinical experiences, put "NA" for that week.

Comments:

4a (Week 2): An ethical issue that I witnessed on 4P would be that a patient required a mandatory COVID-19 Nasal Swab Test in order to be discharged back to his nursing home/long-term care facility. Personally, I feel as if this goes against his autonomy because he really didn't have a say when it came to the grants of having his nose swabbed. We as the healthcare team informed him that it was mandatory for him to return to his designation, however, he really didn't have a say when it came to a disagreeance for said intervention. This is a good thought, Davondre. Although, when being admitted into nursing facilities usually something is signed informing the resident that these things may occur while living there. CB

4a (Week 3): An ethical issue that I witnessed on 4P would be that the patient I was assigned on the second day, presented with a heart rate of 155 bpm accompanied with a blood pressure of approximately 80/40 when his vitals were assessed. He also had a medical history of hypertension and stated that how he resolved issues similar to this was by consuming two 325 mg tablets of aspirin. However, he was denied aspirin when he requested that he be brought some immediately. A little later, I overheard him speaking with his wife telling her to bring his aspirin from home so he could take it. I then reported this to the nurse being that he was already scheduled to receive aspirin with his morning medications. I think this would tie in with non-maleficent being that I reported it to the nurse to avoid harm to the patient during medical stay/treatment. Davondre, great job reporting a potentially dangerous situation to the bedside nurse. Once your patient and his wife were educated, they understood the importance of not taking to much medication, but I am not sure that it changed their minds to what would be taken if this occurred again. CB

4a (Week 4): An ethical issue I witnessed on 4C would be that the patient I was assigned was to my knowledge unaware that he needed/was going to be intubated. He stated that he was unaware of his whereabouts once he was extubated and had no recollection of being admitted to the hospital. However, in his chart, it stated that he presented to the Emergency Department with increased shortness of breath and respiratory distress. Shortly following that, he was admitted to 3T and according to his chart, his respiratory issues were progressively getting worse, however, they didn't ask for his consent or inform about the possibility of being intubated. Maybe I'm just delayed and of course you don't plan on intubating someone unless it's emergent, but if they we're noticing a decreasing trend within his respiratory/circulatory systems, shouldn't they have informed and made him aware that he possibly could be intubated? He also was prescribed a hefty amount of analgesic so that could

*End-of- Program Student Learning Outcomes

possibly have caused his fogginess/forgetfulness but that was the first thing I reflected on once he was extubated, and I actually got to talk to him and hear his experience/perspective. Also, he was alert and oriented x4, so did they get permission from either his sister/daughter who were his POA's or did they just intubate him due to unforeseen emergent circumstances which technically were foreseen and then informed his POA's after the fact? Sorry for the long rant, but overall, from his perspective, he felt as his autonomy, consent, etc., were overlooked. This also I guess could be Patient Autonomy v. Beneficence, but I don't know, I'm just a nursing student.
Week 4- 4a- Great example, Davondre. While I am unaware of the circumstances surrounding his intubation or his consent, I can tell you it's fairly common for people to be foggy about the circumstances surrounding it. When people are struggling to breathe, in the moment it is all they can focus on because it's a pretty scary situation for those going through it. So, it's quite possible he may not remember it, or someone may have been there to give consent, although we won't know for sure. BS

Week 5 (4a)- On your Week 6 tool, please provide an example related to your Quality Assurance/Core Measures observation (there are many "potential" issues based on what they monitor- documentation, not following core measures guidelines, etc.). AR

4a (Week 5): A legal issue related to Quality Assurance/Core Measures would be inappropriate documentation within the electronic medical record. Being that the EMR allows nurses to recall previously charted assessments, this could lead to a nurse utilizing this feature despite not conducting their own assessments, vitals, etc. This can then be potentially used against said nurse, if there is a need to reflect back to the chart to see if certain assessments or interventions were actually performed compared to what the patient is currently shows signs and symptoms of or possibly presents with while they are admitted. Great example for the Quality Department. Accurate documentation is so important! AR

4a (Week 6): An ethical issue that I witnessed while being in the Infusion Center would be Beneficence/Non-Maleficence. The entire team on the floor ensured that all of their patients were well taken care of and experienced minimal pain during their lengthy transfusions. Some examples of this were that they utilized vein finders and ultrasounds for those who were difficult sticks or had difficult veins. They also allowed a lot of the patients that were routine patients to go to their designated/most comfortable spot on the floor during their procedures. They also allowed a lady to be accompanied with her companion dog with her while she was being treated, to reduce the stress of the procedures. Getting to hold/pet the pup was my favorite part of the day. Perfect example of what takes place in the Infusion Center, and how wonderful for the patient with the companion dog. I must admit that would have been the favorite part of my day also. AR

4a (Week 7): A legal issue related to Special Procedures that I witnessed were the patients having to sign consent forms prior to their radiographs, paracentesis, and thoracentesis. I don't think I've actually witnessed this until this clinical, however, the medical team ensured that every patient that they cared for consented prior to their treatment! This is such an important part of healthcare and definitely would pose legal issues if not obtained or done properly. I am glad you were there to witness these being completed. AR

4a (Week 9): An ethical issue that I witnessed while being on 4 North would be conflict between Patient Autonomy/Beneficence. This occurred due to the patient ultimately refusing to proceed with the recommended diagnostic cardiac catheterization procedure. However, once her son got involved with her medical plan of care, he informed the care team that his mother will be undergoing the diagnostic cardiac catheterization. The patient definitely seemed hesitant and as if she was coerced into agreeing to have the procedure, but she also did independently agree and sign the consent forms but once everything was said and done, and her son went to the cafeteria to get food, she expressed to me that she wish she didn't agree and was juggling the idea of if she should or shouldn't proceed with the plan of care. I think this was due to her being anxious, but it definitely put me in a weird position because I couldn't tell her what to do and being that she consciously agreed and made the decision without someone physically forcing her to, I didn't know what to do. I just attempted to be as therapeutic as possible and remove any external stressors from the situation. Great example, the patient should be able to express their fears openly. Providing the opportunity for the patient to discuss why she was hesitant might be all she needed. Sometimes families force patients into doing procedures they do not want to do for their own selfish reasons. Even though she signed consent she could revoke the consent at any time before the procedure as long as she is cognitively able and has not been given any mind-altering medications. FB

*End-of- Program Student Learning Outcomes

4a (Week 10): A positive ethical issue that I witnessed while being on 3T would be in regard to one of my patients who was prescribed and scheduled to receive a blood transfusion. Being that blood transfusions are viewed as a procedure; it was required that he signed a consent form. Being that he signed the informed consent form, this basically ensures that the patient understood the procedure and had sufficient information/understanding of the process. Great example of a legal issue, a consent form must be signed and the patient needs to be free of an mind altering medications when signing consent. The only time this might not be applicable is under an emergent situation. FB

4a (Week 11): A legal/ethical issue that I witnessed while being on 4P would be in regard to one of my patients who was admitted due to severe abdominal pain. After some radiographs and blood/urine cultures were obtained, he was diagnosed with having a 3mm kidney stone. He wanted to undergo a somewhat invasive procedure to remove the kidney stone, however, his assigned physician didn't think that an invasive procedure was necessary being that the procedure could potentially put the patient at risk and do more harm than good. This is an example of Nonmaleficence. There also was talk about the patient not having health insurance, which also could fall into the category of Not Having Access to Healthcare/Medicare and Medicaid. Great example, in this case the procedure should be explained to the patient with risks and side effects. The patient should be given all available options, because ultimately the decision should be theirs. The physician does have the right to not perform the procedure, but may refer the patient to a physician that might perform the procedure. FB

4a (Week 12): an ethical issue that I witnessed while being in digestive health would be in regard to one of the patients who was under the assumption that she was there to get an endoscopy procedure done but was actually scheduled to have an endoscopy in combination with a colonoscopy. Once we informed her that she was there for both, she seemed somewhat blindsided and had an emotional/distressed reaction being that she was under the impression she was only getting the endoscopy. We informed her that she had the right to decline the colonoscopy and that we weren't going to force her to have the procedure done, however, she did do the bowel prep prior to coming in. So we allowed her the autonomy to make the decision but informed her that since she did participate with doing the fasting/bowel prep, that she could have both done if she felt comfortable. This is a perfect example of what can happen in the outpatient setting. Many patients don't fully understand what their healthcare provider has told them, even though they sign consent forms, etc. This makes me wonder if it was explained to the patient in laymen terms or using medical terminology. It sounds as if nursing handled the situation properly. AR

Week 14 (4c)- Due to your Week 14 clinical tool being submitted after the due date and time, you have received an Unsatisfactory. For your Final Tool, follow the directions at the beginning of this document to correctly address why you received this evaluation. Overall you have been satisfactory in this competency over the semester. AR

4a (Week 14): I received a "U" for Week 14 due to me not checking my Edvance/Dropbox daily for essential updates/directions. This resulted in me not turning in my clinical tool in a timely manner. I take accountability for my mistake and will prevent this from happening in the future by ensuring that I check essential tasks more frequently because this little discrepancy could've resulted in a fatal dilemma if it were to do with a patient or within the field.

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Objective

5. Construct methods for self-reflection and critiquing healthcare systems, processes, practices and regulations on a weekly basis. (7,8)*

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies: a. Reflect on your overall performance in the clinical area for the week. **(Responding)**	s	s	s	na	s	s	NA	NA	S	s	s	s	s	na	na	na	na	S
b. Demonstrate initiative in seeking new learning opportunities. **(Responding)**	s	s	s	na	s	s	NA	NA	S	s	s	s	s	na	na	na	na	S
c. Describe factors that create a culture of safety (error reporting, communication, & standardization, etc. **(Interpreting)**	s	s	s	s	s	s	NA	NA	S	s	s	s	s	na	na	na	na	S
d. Maintain the principles of asepsis and standard/infection control precautions **(Responding)**	s	s	s	na	s	s	NA	NA	S	s	s	s	s	na	na	na	na	S
e. Practice use of standardized EBP tools that support safety and quality. **(Responding)**	s	s	s	na	s	s	NA	NA	S	s	s	s	s	na	na	na	na	S
f. Utilize faculty feedback to improve clinical performance. **(Responding & Reflecting)**	s	s	s	na	s	s	NA	NA	S	s	s	s	s	na	na	na	na	S
Faculty Initials	CB	CB	BS	AR	AR	AR	AR	AR	AR	FB	FB	FB	AR	AR	AR	AR	AR	AR

Comments:

Week 2(5c,e): Good job actively participating in debriefing discussing factors that create a culture of safety for patients and EBP tools that you utilized to care for your patient's during clinical. CB

Week 3(5a,c): Davondre, you do a great job seeking opportunities to learn. You are very engaged during clinical and always ask appropriate questions so that you understand. Great job discussing factors that create a culture of safety during debriefing. Keep up all your hard work! CB

*End-of- Program Student Learning Outcomes

Week 4- 5a,b- You did a good job this week caring for your high acuity patient. You capitalized on the opportunities to start an IV and discontinue a central line. Nice work! BS

Week 5 (5c)- Satisfactory discussion via CDG posting related to your Quality Assurance/Core Measures observation. Keep it up. AR

Week 9 (5a)- Reported on by assigned RN during clinical rotation 2/11/2025– Excellent in all areas. Student goals: "Provide efficient care throughout this long 12 hours and ensure my energy is consistent." Additional Preceptor comments: Good job, Davondre! Stay confident and push yourself!" SJ/FB

Week 10 (5a)- Reported on by assigned RN during clinical rotation 3/18/2025– Excellent in all areas, except satisfactory for provider of care: establishment of plan of care and manager of care: delegation. Student goals: "To become more confident with an increased patient workload." Additional Preceptor comments: "Keep working on developing and reshaping your game plan as needed throughout the day. Great job managing patient needs for a 2-patient assignment. You will be a great nurse!" MM/FB Reported on by assigned RN during clinical rotation 3/19/2025- Satisfactory in all areas. Student goals: "To be more confident with delegation tasks/time management." No additional preceptor comments. BD/FB

Week 11 (5a) Reported on by assigned RN during clinical rotation on 3/25/2025 –Satisfactory in all areas, except excellent in provider of care: collection/documentation of data, manager of care: communication skills, and member of profession: demonstrates professionalism in nursing. Student goals: "Understanding medications and reason for giving, understanding plan of care for patient's diagnosis." Additional Preceptor comments: "Very open minded and ask important questions." CK/FB Reported on by assigned RN during clinical rotation on 3/26/2025 – Satisfactory in all areas, except excellent in Provider of care: demonstrates safe completion of nursing skills, manager of care: communication skills, and member of profession: demonstrates professionalism in nursing." Student goals: "Be more independent and sufficient." Additional Preceptor comments: "Student more independent in patient care." CK/FB

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Objective

6. Engage with members of the healthcare team, patients, families, faculty, and peers through written, verbal and nonverbal methods, and by utilizing computer technology. (1,2,6,7,8)*

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies: a. Establish collaborative partnerships with patients, families, and coworkers. **(Responding)**	s	s	s	na	s	s	NA	NA	S	s	s	s	s	na	na	na	na	S
b. Teach patients and families based on readiness to learn and discharge learning needs. **(Interpreting & Responding)**	s	s	s	na	s	s	NA	NA	S	s	s	s	na	na	na	na	na	S
c. Collaborate and communicate with members of the healthcare team, patients, and families to achieve optimal patient outcomes. **(Responding)**	s	s	s	na	s	s	NA	NA	S	s	s	s	s	na	na	na	na	S
d. Deliver effective and concise hand-off reports. **(Responding)** *	~~na~~ s	s	s	na	s	~~S~~ NA	NA	NA	S	s	s	s	na	na	na	na	na	S
e. Document interventions and medication administration correctly in the electronic medical record. **(Responding)**	s	s	s	na	s	s	NA	NA	S	s	s	s	na	na	na	na	na	S
f. Consistently and appropriately posts in clinical discussion groups. **(Responding and Reflecting)**	~~s~~ NI	s	s	s	s	s	NA	NA	S	s	s	s	s	na	na	na	na	S
Faculty Initials	CB	CB	BS	AR	AR	AR	AR	AR	AR	FB	FB	FB	AR	AR	AR	AR	AR	AR

***When completing 4T Hand-Off Report see 4T Hand- Off Competency Rubric**

Comments:

*End-of- Program Student Learning Outcomes

Week 2(6b,d): I changed competency 6b to a “S” because you did educate your patient while administering medications. I changed competency 6d to a “S” because although you didn’t give hand-off report in debriefing, you did give hand-off report to the bedside RN both days of clinical. Competency 6f was changed to a “NI” because your cdg (caremap) was graded as a “NI”. CB
Week 3(6a,b,c,f): Great job this week collaborating with peers and bedside nurses to achieve optimal patient outcomes. Good job with your documentation this week, it was very thorough and completed on time. Your CDG was Satisfactory, meeting all requirements. CB
Week 4- 6b- You did a nice job working together with your assigned nurse to care for your patient. BS

Week 5 (6f)- Satisfactory CDG posting related to your Quality Assurance/Core Measures observation. Great job. AR
Week 6 (6c,f)- Satisfactory CDG postings related to your Infusion Center and Cardiac Diagnostics clinical experiences. Keep up the great work. AR
Week 7 (6f)- Satisfactory CDG posting related to your Special Procedures clinical. Keep up the good work. AR

Week 9 (6d) This competency was completed satisfactorily according to the hand-off report rubric, score of 30/30 points. RN comments: Davondre did a wonderful job caring for a very emotional patient! He eased her anxiety when she had to get a heart cath. SJ/FB (6c) Great job with communication and collaboration skills demonstrated as you worked with assigned RN and other healthcare disciplines. FB

Week 10 (6f)- Satisfactory CDG posting related to your patient management clinical experiences this week! Keep up the great work! FB

Week 11 (6e)- Great job with documenting accurately and appropriately for all aspects of care delivered. (6f) Great job with determining an educational plan for one of your assigned patients. Educational plan was thorough with all areas of CDG expectations met. FB

Week 12 (6c)- Satisfactory discussion via CDG posting related to your Patient Advocate/Discharge Planner clinical experience. (6f)- Satisfactory CG postings related to your Patient Advocate/Discharge Planner and Quality Scavenger Hunt clinical experiences. Great job this semester! AR

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Objective

7. Devise methods utilized by nursing to develop the profession, advance the knowledge base, ensure accountability, and improve the outcomes of care delivery. (1,3,4,6,7,8)*

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies: a. Value the need for continuous improvement in clinical practice based on evidence. **(Responding)**	s	s	s	s	s	s	NA	NA	**S**	s	s	s	s	na	na	na	na	**S**
b. Accountable for investigating evidence-based practice to improve patient outcomes. **(Responding)**	s	s	s	s	s	s	NA	NA	**S**	s	s	s	s	na	na	na	na	**S**
c. Comply with the FRMCSN *"Student Code of Conduct Policy."* **(Responding)**	s	s	s	s	s	s	NA	NA	**S**	s	s	s	s	na	na	na	na	**S**
d. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions**.** **(Responding)**	s	s	s	s	s	s	NA	NA	**S**	s	s	s	s	na	na	na	na	**S**
Faculty Initials	CB	CB	BS	AR	AR	AR	AR	AR	AR	FB	FB	FB	AR	AR	AR	AR	AR	AR

Comments:

Week 2(7d): Davondre, you did a great job this week in clinical. You were very caring to your patient's even though there were situations that were very trying. Keep up the great work! CB

Week 3(7a,d)- You researched and summarized an interesting EBP article in your CDG titled "Improving hypertension control and cardiovascular health: An urgent call to action for nursing." Great job displaying a great attitude, commitment to provide optimal care, and enthusiasm for the caring of individuals at a very vulnerable and often difficult time. CB

Week 4- 7d- Davondre, great job this week caring for your (initially) mechanically ventilated patient. Keep up the great work! BS

Week 5 (7a)- Satisfactory via CDG posting related to your Quality Assurance/Core Measures observation. Keep up the good work. AR

*End-of- Program Student Learning Outcomes

Midterm- Keep up the good work in clinical as you complete the semester! AR

Week 10 (7a) Great job recognizing areas of improvement related to evidence-based practice and within your clinical practice. FB

Week 11 (7d)- Great job displaying a great attitude, commitment to provide optimal care, and enthusiasm for the caring of individuals at a very vulnerable and often difficult time of their lives. FB

Final: You have done an excellent job in all clinical experiences this semester. Best of luck as you begin your career as a RN! AR

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Firelands Regional Medical Center School of Nursing
Care Map Grading Rubric

Student Name: Davondre Harper				**Course Objective:**	Formulate nursing care plans, correlations, or clinical reports that demonstrate patient-centered care of diverse populations, evidence-based practice, and clinical judgment.		
Date or Clinical Week: 1/14-15/2025							
Criteria		**3**	**2**	**1**	**0**	**Points Earned**	**Comments**
Noticing	1.Identify all abnormal assessment findings (subjective and objective); include specific patient data.	**(lists at least 7*) *provides explanation if < 7**	**(lists 5-6)**	**(lists 5-7 but no specific patient data included)**	**(lists < 5 or gives no explanation)**	3	Great job noticing abnormal assessment findings, labs, and diagnostic testing for your patient. My only suggestion for this portion of your Care Map is that you move the glucose finding to lab/diagnostics and you label the fall score as "John Hopkins" fall score, always be specific.
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	**(lists at least 3*) *provides explanation if < 3**		**(lists 3 but no specific patient data included)**	**(lists < 3 or gives no explanation)**	3	
	3. Identify all risk factors relevant to the patient.	**(lists at least 5*) *provides explanation if < 5**	**(lists 4)**	**(lists 3)**	**(lists < 3 or gives no explanation)**	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	1	All nursing priorities that are related to your patient should be listed. I would have also included risk for urinary retention, disturbed sensory perception: visual, acute pain, back pain, urinary calculi, impaired urinary elimination, risk for deficient fluid volume, and deficient knowledge
	5. State the goal for the top nursing priority.	**Complete**			**Not complete**	3	
	6. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	7. Identify all potential complications for the top nursing priority problem.	**(lists at least 3)**	**(lists 2)**		**(lists < 2)**	3	
	8. Identify signs and symptoms	**(lists at least 3)**	**(lists 2)**		**(lists < 2)**	2	

*End-of- Program Student Learning Outcomes

	to monitor for each complication.						regarding the pathophysiology, outcome, and self-care needs. You did a great job correlating all of your abnormal assessments to your priority problem of urinary tract infection. My only suggestions is not highlighting Mg, irregular heartbeat, and HTN. Good job listing potential complications of your priority problem. For the potential complication of sepsis, s/sx would be hypotension, decreased LOC, increase HR, etc. For potential complication of falls, s/sx would include injury and unsteady gait, not reasons they would fall.
Responding	9. List all nursing interventions relevant to the top nursing priority.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	1	Not all interventions listed are related to your priority problem of a UTI. Interventions you could have included should be GU assessment, hygiene care, increasing fluids, and education related to hygiene, medications, increasing fluids, s/sx of UTI). You did a good job of prioritizing the interventions listed, including an appropriate rationale. You did not include a frequency for all of your interventions and some of them were not individualized to your patient, but were broad.
	10. Interventions are prioritized	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	11. All interventions include a frequency	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	2	
	12. All interventions are individualized and realistic	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	2	
	13. An appropriate rationale is included for each intervention	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	

*End-of- Program Student Learning Outcomes

Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	**>75% complete**	**50-75% complete**	**<50% complete**	**0% complete**	3	Good job reflecting on abnormal assessment findings. Although lab and diagnostic testing may have not changed, you should reflect on all highlighted findings from the first two boxes on the caremap. Continuing the plan of care is appropriate for your patient considering she was being discharged.
	15. Evaluation includes one of the following statements: • Continue plan of care • Modify plan of care • Terminate plan of care	**Complete**			**Not complete**	3	

Reference

An in-text citation and reference are required.
The care map will be graded "needs improvement" if missing either the in-text citation or reference, but not both.
The care map will be graded "unsatisfactory" if both in-text citation and reference are not included.

Total Possible Points= 45 points
45-35 points = Satisfactory
34-23 points = Needs Improvement*
< 23 points = Unsatisfactory*
***Total points adding up to less than or equal to 34 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.**

*****Students that are not satisfactory after 2 attempts will be required to meet with course faculty for remediation. *****

Faculty/Teaching Assistant Comments: Davondre, your care map is Satisfactory according to points (please review my comments throughout the grading rubric for detailed feedback), but you did not include an in-text citation, therefore making it score "NI". Please include an in-text citation and email it to me by Jan. 20, 2025 at 0800. CB
Davondre, after resubmitting your care map with an in-text citation, it is now "Satisfactory". CB

Total Points:
38/45

Faculty/Teaching Assistant Initials:
CB

*End-of- Program Student Learning Outcomes

Date	Nursing Priority Problem	Evaluation & Instructor Initials	Remediation & Instructor Initials
1/14-15/2025	Urinary Tract Infection	NI/CB	S/CB

Care Map Evaluation Tool**
AMSN
2025

** AMSN students are required to submit one satisfactory care map (CDG) during the 3-week 4T clinical rotation. If the care map is not evaluated as satisfactory upon initial submission, the student has one opportunity to revise the care map based on instructor feedback. **Students that are not satisfactory after these 2 attempts will be required to meet with course faculty for remediation.**

Comments: Caremap graded "Needs Improvement" due to not including an in-text citation. CB
Care map graded "Satisfactory" after resubmission. CB

*End-of- Program Student Learning Outcomes

Pathophysiology Grading Rubric
Firelands Regional Medical Center School of Nursing
Advanced Medical Surgical Nursing
2025

Student Name: D. Harper **Clinical Date:** Week 4

1. Provide a description of your patient including current diagnosis and past medical history. (4 points total) • Current Diagnosis (2) • Past Medical History (2)	**Total Points:** 4 **Comments:** Great job providing a description of your patient's current diagnosis and past medical history.
2. Describe the pathophysiology of your patient's current diagnosis. (6 points total) • Pathophysiology-what is happening in the body at the cellular level (6)	**Total Points:** 6 **Comments:** Great job providing a detailed description of the pathophysiology of your patient's current diagnosis (acute respiratory distress).
3. Correlate the patient's current diagnosis with presenting signs and symptoms. (6 points total) • All patient's signs and symptoms included (2) • Explanation of what signs and symptoms are typically expected with this current diagnosis (Do these differ from what your patient presented with?) (2) • Explanation of how all patient's signs and symptoms correlate with current diagnosis. (2)	**Total Points:** 6 **Comments:** You did a nice job correlating the patient's current diagnosis with his presenting signs and symptoms.
4. Correlate the patient's current diagnosis with all related labs. (12 points total) • All patient's relevant lab result values included (3) • Rationale provided for each lab test performed (3) • Explanation provided of what a normal lab result should be in the absence of current diagnosis (3) • Explanation of how each of the patient's relevant lab result values correlate with current diagnosis (3)	**Total Points:** 12 **Comments:** Excellent job! All relevant labs included with rationales provided. You also did a great job identifying the normal ranges for each lab, as well as explaining how the result correlates with the patient's current diagnosis.
5. Correlate the patient's current diagnosis with all related diagnostic tests. (12 points total) • All patient's relevant diagnostic tests and results included (3) 2 • Rationale provided for each diagnostic test performed (3)	**Total Points:** 10 **Comments:** Most of the patient's relevant diagnostic tests and results included with rationales provided for each. Nice job describing what a normal diagnostic test result would be for each, and how the results correlate

*End-of- Program Student Learning Outcomes

• Explanation provided of what a normal diagnostic test result would be in the absence of current diagnosis (3) 2 • Explanation of how each of the patient's relevant diagnostic test results correlate with current diagnosis (3)	with the patient's current diagnosis.
6. Correlate the patient's current diagnosis with all related medications. (9 points total) • All related medications included (3) • Rationale provided for the use of each medication (3) • Explanation of how each of the patient's relevant medications correlate with current diagnosis (3)	**Total Points: 9** **Comments:** You did a nice job correlating the patient's current diagnosis with all the related medications.
7. Correlate the patient's current diagnosis with all pertinent past medical history. (4 points total) • All pertinent past medical history included (2) • Explanation of how patient's pertinent past medical history correlates with current diagnosis (2)	**Total Points: 4** **Comments:** Nice job correlating your patient's current diagnosis with his past medical history.
8. Prioritize nursing interventions related to current diagnosis. (6 points total) • All nursing interventions provided for patient prioritized and rationales provided (6)	**Total Points: 6** **Comments:** Great job with your interventions!
9. Discuss the role of interdisciplinary team members in the care of the patient. (6 points total) • Identifies all interdisciplinary team members currently involved in the care of the patient (2) • Explains how each current interdisciplinary team member contributes to positive patient outcomes (2) • Identifies additional interdisciplinary team members (not involved currently) that should be included in the care of the patient to ensure positive patient outcomes (2)	**Total Points: 5** **Comments:** Nice job here also. Cardiology and pulmonology were also involved in his care.
Total possible points = 65 51-65 = Satisfactory < 51 = Unsatisfactory **Course Objective:** 2. Formulate nursing care plans, correlations, or clinical reports that demonstrate patient-centered care of diverse populations, evidence-based practice, and clinical judgment. (1,2,3,4,5,8)* **Clinical Competency:** 2(a.) Correlate relationships among disease process, patient's history, patient symptoms, and present condition utilizing clinical judgment skills. (Noticing, Interpreting, Responding)	**Total Points: 62/65 Satisfactory. BS** **Comments:** Nice work, Davondre!

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Firelands Regional Medical Center School of Nursing
AMSN –4 Tower - Hand-Off Report Competency Rubric
Faculty: Brittany Lombardi, MSN, RN, CNE; Brian Seitz, MSN, RN, CNE; Chandra Barnes, MSN, RN

Student Name: _D. Harper_____ **Date**: ___1/29/25_____

Must complete satisfactorily during 4 Tower debriefing.

23-30 points = Satisfactory	**< 23 points = Unsatisfactory**

CRITERIA

	Meets Expectations 5	**Needs Improvement 3**	**Does Not Meet Expectations 0**	**POINTS**
Introduction Safety (1,2)*	Introduction provided (includes patient name, room number etc.). Provides socioeconomic factors (e.g. social support), allergies, and alerts (falls, isolation, etc.)	Provides introduction and communicates most of the safety concerns of the patient.	Does not provide introduction and/or does not address the safety concerns of the patient.	5
Situation (3)*	Presents chief complaint and current status (including code status, recent changes, and response to treatment).	Presents most information but missing pertinent data e.g. current status, changes etc.	Information is incomplete and/or disorganized. Not possible to understand and obtain an adequate and clear picture of the patient's situation.	5
Background (4)*	Provides detailed and organized background information regarding presenting diagnosis and signs/symptoms; includes pertinent past medical and surgical history.	Provides background information but information disorganized and difficult to understand. Missing some information related to past medical and surgical history.	Background information is incomplete and/or inaccurate. Missing pertinent information related to past medical and surgical history	5
Assessment Laboratory/Diagnostic Testing (5)*	Provides clear, concise, pertinent assessment information e.g. vital signs, cardiac assessment, respiratory assessment. Communicates pertinent laboratory and diagnostic information and relates findings to current diagnosis/presentation.	Provides assessment information but material is disorganized. Communicates laboratory and diagnostic findings but information is not specific. Example: states hemoglobin is low without stating specific number or why it is abnormal.	Assessment information is incomplete and needs improvement. Does not communicate findings in a way that can be understood.	5
Actions (4,5)*	Explains interventions performed or required. Provides rationale.	Explains interventions performed/required but does not provide rationales.	Does not include all interventions performed and does not provide rationales.	5
	Communicates and prioritizes any	Communicates all information but	Overall communication of hand-	5

*End-of- Program Student Learning Outcomes

Communication Prioritization (1,4,5,6)*	outstanding patient issues and the plan of care. Example: patient having change in mental status - would explain CT ordered. Includes patient teaching provided.	is slightly disorganized in presentation.	off report needs improvement. Incomplete report and/or disorganized in presentation	
			TOTAL POINTS	30/30

Faculty Comments: ___ Great job on your handoff report, Davondre!
BS_____

_____

_____

Faculty Signature: _Brian Seitz MSN, RN, CNE_____**Date: __2/1/25**_____

*End-of- Program Student Learning Outcomes

Firelands Regional Medical Center School of Nursing
Advanced Medical Surgical Nursing 2025
Simulation Evaluations

Simulation Evaluation Performance Codes: **S**: Satisfactory **U**: Unsatisfactory	**Rachael Heidebrink (Pharmacology) (1, 2, 6, 7)***	**Week 8: Dysrhythmia Simulation** (see rubric) **(1. 2. 3. 5. 6. 7)**	**Junetta Cooper (Pharmacology) (1, 2, 6, 7)***	**Mary Richards (Pharmacology) (1, 2, 6, 7)***	**Lloyd Bennett (Medical-Surgical) (1, 2, 6, 7)***	**Kenneth Bronson (Medical-Surgical) (1, 2, 6, 7)***	**Carl Shapiro (Pharmacology) (1, 2, 6, 7)***	**Comprehensive Simulation** (see rubric) **(1, 2, 3, 4, 5, 6, 7)**
	Date: 2/14/2025	**Date:** 2/24-25/2025	**Date:** 2/28/2025	**Date:** 3/14/2025	**Date:** 3/21/2025	**Date:** 3/27/2025	**Date:** 4/7/2025	**Date:** 4/7/2025
Evaluation	S	S	S	S	S	S	S	S
Faculty Initials	AR	AR	AR	FB	FB	FB	AR	AR
Remediation: Date/Evaluation/ Initials	NA	NA	NA	NA	NA	NA	NA	NA

* Course Objectives

Comments:
Week 8 Simulation: See rubric below. AR
Comprehensive Simulation: See rubric below. AR

*End-of- Program Student Learning Outcomes

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME(S): **Davondre Harper**, Kennedy Baker, Nadia Drivas, Katherine Shirley
GROUP #: 5
SCENARIO: Week 8 Simulation
OBSERVATION DATE/TIME(S): February 25, 2025 0800-1000

CLINICAL JUDGMENT COMPONENTS	**OBSERVATION NOTES**
NOTICING: (1,2)* • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B	Noticed patient heartrate of 50. Noticed patient's EKG changes (sinus bradycardia, 2nd degree type 2, and 3rd degree heart block). Noticed patient's SpO2 92% on RA. Noticed patient's complaints of being "tired" and nauseous. Noticed patient has a cough. Noticed patient's heartrate of 169. Noticed patient's low blood pressure 96/56. Noticed patient's low SpO2 91% on RA. Noticed patient with increased shortness of breath and cough after fluid bolus. Noticed patient not responding to introduction. Noticed patient is pulseless.
INTERPRETING: (1,2)* • Prioritizing Data: E A D B • Making Sense of Data: E A D B	Interprets EKG rhythm as sinus bradycardia which then switched to 2nd degree type 2. Interpreted EKG rhythm changed from 2nd degree type 2 to 3rd degree heart block. Recognizes need for medication to increase heart rate. Interprets Atropine dose as 0.4-1mg IVP. Interprets EKG rhythm as atrial fibrillation with rapid ventricular rate. Prioritizes need for medication to decrease heart rate. Interprets diltiazem dose as 25 mg IV bolus to be given over 15 mins, then continuous diltiazem drip at 10mg/hr. Interprets patient's complaints of shortness of breath and cough is due to fluid bolus. Interprets patient's lung sounds as crackles. Interprets EKG rhythm as ventricular tachycardia. Interprets correct medication for treatment. Interprets patient's low potassium as a potential cause for cardiac arrest.
RESPONDING: (1,2,3,5,6,7)* • Calm, Confident Manner: E A D B	Introduced self and role. Asked patient name/dob/allergies. Placed patient on the monitor. Obtains vital signs 99.8-50-22-104/50. SpO2 92% on RA. Applied 2L oxygen per nasal cannula and raised head of bed. Palpated radial pulse of 48. Completed a focused cardiovascular assessment (including

*End-of- Program Student Learning Outcomes

• Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B	detailed questions about cardiovascular history, medications, symptoms). Notified healthcare provider of low heartrate, EKG findings, and patient complaints of being "tired" and nauseous. Atropine 0.4mg IV push given- reassessed patient and vital signs. Calmly communicates with patient and reassures patient. Notified the healthcare provider of continued decreased heart rate and EKG changes (2nd degree type 2 and 3rd degree heart block). Introduced self and role. Asked patient name/dob/allergies. Places the patient on the monitor. Applied 2L O2 per nasal cannula. Notified healthcare provider of patient's heartrate, EKG rhythm, and complaints of "there is a horse racing in my chest". Diltiazem 25mg IV bolus and continuous diltiazem 10mg/hr drip given for increased heartrate and rhythm- reassessed vital signs. Notified healthcare provider of patient's sustained heartrate and rhythm and decreased blood pressure. Normal Saline 0.09% 1000mL bolus given for decreased blood pressure. Stopped IV fluids due to assessment findings that suggest fluid overload (SOB, crackles, decreased SpO2, cough). Placed patient on a nonrebreather for increased oxygen needs. Notified healthcare provider of patient with signs and symptoms of fluid overload. Recommends cardioversion. Introduced self and role. Asked patient name/dob/allergies. Checks pulse. Placed patient on the monitor. Begins CPR and bagging. Code blue called. Administered Epinephrine 1mg IV push. Applied fast patches to patient and ready to defibrillate patient.
REFLECTING: (1,2,5)* • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	Discussed first scenario, identification and treatments for symptomatic bradycardias. Reviewed chart to look for causes of heart block (metoprolol, patient history). Talked about holding medication to see if sinus rhythm will be restored. Alternate drugs for complete heart block discussed (epi, dopamine). Discussed pacing options for symptomatic bradycardias (transcutaneous, transvenous, permanent). Talked about the importance of adjusting electrical current to obtain capture, need for medication. Excellent teamwork! Discussed recognition of A-fib and associated symptoms. Talked about goals of diltiazem therapy. Explanation and demonstration of synchronized cardioversion; discussed differences between cardioversion and defibrillation, the need for sedating medications prior to delivering shock. Great teamwork and communication! Discussed the importance of immediate CPR and defibrillation with pulseless v-tach. Discussed alternative to epi (amiodarone). Roles of the code team discussed (recorder, CPR, airway, meds, lead). Potential causes of code blue discussed (review of chart reveals low K+). Defibrillation discussed, starting low and increasing joules with subsequent shocks. Excellent job!

*End-of- Program Student Learning Outcomes

SUMMARY COMMENTS: * = Course Objectives **Satisfactory completion of the simulation scenario is a score of "Developing" or higher in all areas of the rubric.** **E= Exemplary** **A= Accomplished** **D= Developing** **B= Beginning** **Scenario Objectives:** • **Differentiate the clinical characteristics and ECG patterns of common dysrhythmias. (1,2)*** • **Choose nursing interventions for patients who are experiencing dysrhythmias. (1)*** • **Differentiate between defibrillation and cardioversion. (1,2,6)*** • **Communicates collaboratively to other healthcare providers utilizing SBAR. (3,5,6,7)***	Lasater Clinical Judgement Rubric Comments: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Recognizes subtle patterns and deviations from expected patterns in data and uses these to guide the assessment. Actively seeks subjective information about the patient's situation from the patient and family to support planning interventions; occasionally does not pursue important leads. Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. In most situations, interprets the patient's data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse. Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. Communicates effectively; explains interventions; calms and reassures patients and families; directs and involves team members, explaining and giving directions; checks for understanding. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments. Displays proficiency in the use of most nursing skills; could improve speed or accuracy. Independently evaluates and analyzes personal clinical performance, noting decision points, elaborating alternatives, and accurately evaluating choices against alternatives. Demonstrates commitment to ongoing improvement; reflects on and critically evaluates nursing experiences; accurately identifies strengths and weaknesses and develops specific plans to eliminate weaknesses. Satisfactory completion of the simulation scenario. Great job!

*End-of- Program Student Learning Outcomes

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME(S): **Davondre Harper**, Presley Stang, Cameron Beltran, Kylie Cheek, Nadia Drivas, Paige Knupke, Kaden Troike, Katelyn Morgan, Karli Schnellinger
GROUP #: 3
SCENARIO: Comprehensive Simulation
OBSERVATION DATE/TIME(S): 4/7/25 0800-1200

CLINICAL JUDGMENT COMPONENTS					OBSERVATION NOTES
NOTICING: (1,2,7)*					**Recognized all signs and symptoms associated with patient's diagnosis of hypovolemic shock upon arrival (ex. abdominal pain, vomiting, vital signs, labs).**
• Focused Observation:	E	A	D	B	
• Recognizing Deviations from Expected Patterns:	E	A	D	B	**Recognized abnormal assessment (respiratory and neurological) and diagnostic (lab, Xray, ABG) findings related to acute respiratory distress.**
• Information Seeking:	E	A	D	B	**Recognized abnormal ECG, abnormal troponin level, and patient reporting chest pain/pressure. Recognized the need to select equipment based off ECG interpretation.**
INTERPRETING: (1,2,6)*					**Accurately interprets abnormal assessment findings (abdominal pain/tenderness, vomiting, tachycardia, hypotension, low hemoglobin) for patient with hypovolemic shock.**
• Prioritizing Data:	E	A	D	B	
• Making Sense of Data:	E	A	D	B	**Excellent job prioritizing appropriate data to include in communication using the SBAR format during care of patient with hypovolemic shock.**
					Appropriate interpretation of abnormal assessment and diagnostic findings for the patient with acute respiratory distress.
					Interpreted ECG appropriately and identified the patient was experiencing an inferior STEMI involving the right coronary artery. Prioritized the need to continuously monitor patient,

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	administer appropriate medications based on patient's diagnosis, and provide pain/sedation medications.
RESPONDING: (2,3,6,7)* • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B	**Appropriate medications were chosen to treat patient with hypovolemic shock (0.9% NaCl, PRBCs). Discussed use of norepinephrine for hypotension related to blood loss.** **Demonstrated clear communication providing patient education related to blood transfusion.** **Provided appropriate interventions based on assessment findings for patient with hypovolemic shock.** **Prioritized and initiated pertinent nursing interventions for the patient with acute respiratory distress.** **Prepped patient for emergent PCI- BP cuff, SpO2, applied oxygen, prepped the site, assessed pedal pulses. Provided pain and sedation medications and prepared bivalirudin to run throughout procedure. Reassessed pedal pulses following closure device deployment. Maintained Zoll monitor for transport to the ICU.** **Maintained confidence while delivering appropriate care throughout three separate, emergency patient scenarios.** **Active engagement throughout patient scenarios.**
REFLECTING: (5,7)* • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	**Able to identify new knowledge obtained throughout the simulation and how to apply to future patient care scenarios.** **Asked appropriate questions to gain understanding of information provided.** **Appropriate use of assessment findings using a clinical decision-making process to prioritize patient care.** **Communicated in a clear, concise, and effective manner. Able to identify barriers to communication and managing these barriers effectively.** **Provided appropriate delegation insight based on each scenario.** **Recognized areas of improvement and strengths for prioritization, delegation, and communication during the various simulation scenarios.**

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SUMMARY COMMENTS: * = Course Objectives **Satisfactory completion of the simulation scenario is a score of "Developing" or higher in all areas of the rubric.** **E= Exemplary** **A= Accomplished** **D= Developing** **B= Beginning** **Scenario Objectives:** 1. **Prioritize care in a multi-patient setting, managing the workload and making critical decisions. (1,2,6)*** 2. **Collaborate with interdisciplinary healthcare teams, effectively communicating patient status and treatment plans to ensure positive patient outcomes. (2,3,6,7)*** 3. **Identify evidence-based interventions, including pharmacologic and non-pharmacologic measures, in the nursing management of patients with myocardial infarction, shock, and acute respiratory distress. (1,2,7)*** 4. **Evaluate and reflect on patient outcomes. (5,7)***	**Lasater Clinical Judgement Rubric Comments:** **Noticing: Focuses observation appropriately; regularly observes and monitors a wide variety of objective and subjective data to uncover any useful information. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Assertively seeks information to plan intervention; carefully collects useful subjective data from observing and interacting with the patient and family.** **Interpreting: Generally, focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. In most situations, interprets the patient's data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse.** **Responding: Assumes responsibility; delegates team assignments; assesses patients and reassures them and their families. Communicates effectively; explains interventions; calms and reassures patients and families; directs and involves team members, explaining and giving directions; checks for understanding. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments. Displays proficiency in the use of most nursing skills; could improve speed or accuracy.** **Reflecting: Independently evaluates and analyzes personal clinical performance, noting decision points, elaborating alternatives, and accurately evaluating choices against alternatives. Demonstrates commitment to ongoing improvement; reflects on and critically evaluates nursing experiences; accurately identifies strengths and weaknesses and develops specific plans to eliminate weaknesses.** **Overall excellent performance during the comprehensive simulation on patient's experiencing a Shock, ARDS, and a MI.**

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Firelands Regional Medical Center School of Nursing
Skills Lab Evaluation Tool
AMSN
2025

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Skills Lab Competency Evaluation Performance Codes: **S**: Satisfactory **U**: Unsatisfactory	**Lab Skills**									
	Meditech Document (1,2,3,4,5,6)*	**Physician Orders/SBAR** (1,2,3,4,5,6)*	**Prioritization/ Delegation** (1,2,3,4,5,6)*	**Resuscitation** (1,3,6,7)*	**IV Start** (1,3,4,6)*	**Blood Admin./IV Pumps** (1,2,3,4,5,6)*	**Central Line/Blood Draw/Ports** (1,2,3,4,6)*	**Head to Toe Assessment** (1,2,6)*	**ECG/Hand-off report/CT** (1,6)*	**ECG Measurements** (1.2.4.5.6)*
	Date: 1/7/2025	**Date: 1/7/2025**	**Date: 1/7/2025**	**Date: 1/7/2025**	**Date: 1/9/2025**	**Date: 1/9/2025**	**Date: 1/10/2025**	**Date: 1/10/2025**	**Date: 1/10/2025**	**Date: 1/10/2025**
Evaluation:	**S**	**S**	**S**	**S**	**S**	**S**	**S**	**S**	**S**	**S**
Faculty Initials	FB	BS	CB	AR	FB/CB/ BS	AR	CB	DW/BS	BS	FB
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

***Course Objectives**

Comments:

Meditech Documentation: Satisfactory participation of assessment documentation including physical re-assessment, safety and fall assessment, RN mechanical ventilator assessment, IV location assessment, and documentation editing. Great job! FB

Physician Orders/SBAR: Satisfactory completion of physician's order lab per the SBAR skills competency rubric: phone call to physician with SBAR report, receiving and reading back multiple physician orders, and hand-off report given to the next student in rotation. Discussion of the treatment, medications, and plan of care for a patient experiencing NSTEMI and STEMI. BS

Prioritization/Delegation: Satisfactory completion of the prioritization and delegation skills lab. You satisfactorily prioritized care for multiple patients using multiple methods (e.g. Maslow's hierarchy of needs, ABC, Nursing Process, etc.). You were able to appropriately delegate nursing tasks for patients, and you actively participated in the group discussion on delegation of nursing tasks. Great job! CB

Resuscitation: Satisfactory participation in the practice of Hands-Only CPR, discussion regarding use of and ventilation with bag-valve mask/Ambu bag, and review of crash cart and Code Blue team duties and documentation. AR

IV Start: Satisfactory participation in the IV Start lab, including practice with technique, initiation and discontinuation of IV site, and placement of IV dressing. FB/CB/BS

Blood Admin/IV Pumps: Satisfactory completion of practice with blood administration safety checks and quality assurance audit. Great job with IV pump practice, the use of the medication library, and pump set up of primary and secondary IV medication infusion. AR

Central Line Dressing Change/Ports/Blood Draw: Satisfactory central line dressing change participation providing proper technique guidelines, maintenance of central line ports, and line flushing. You were satisfactory in accessing and de-accessing an infusaport device, demonstrated proper technique on how to draw blood from a CVAD, and properly labeled a blood tube per hospital policy. Great job! CB

Head to Toe Assessment: Satisfactory completion of the Head to Toe Assessment. Great job! DW/BS

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ECG/Telemetry Placements/Hand-off report/CT: Satisfactory participation with review of monitoring tutorial and placement of ECG/Telemetry patches and leads; satisfactory participation in review of Chest Tube/Atrium tutorial; satisfactory completion of handoff report activity. BS

EVALUATION OF CLINICAL PERFORMANCE TOOL
Advanced Medical Surgical Nursing- 2025

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

I was given the opportunity to review my final clinical ratings in each course competency. I was given the opportunity to ask questions about my clinical performance. I have the following comments to make about my clinical performance/final clinical evaluation:

Student eSignature & Date: Davondre Harper 21 April 2025

ar 11/15/2024

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